

<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="font-size: 2em; font-weight: bold; transform: rotate(-10deg);">A9600000797</div> <div style="text-align: center;">               FLORIDA DEPARTMENT OF STATE              Secretary of State              DIVISION OF CORPORATIONS           </div> </div>		<div style="display: flex; justify-content: space-between; align-items: center;"> <div>             APPLICATION FOR              STATEMENT OF              LIMITED PARTNERSHIP           </div> <div style="text-align: right;">             FILED              92 JUL 15 PM 5:00              SECRETARY OF STATE              TALLAHASSEE, FLORIDA           </div> </div>	
<b>DOCUMENT #</b> A96000000797 <b>1. Name of Limited Partnership</b> Clyde B. Morris Associates, Ltd.			
<b>2. Mailing Address</b> 1665 Palm Beach Lakes Suite, Apt. #, etc. Suite 600 City & State West Palm Beach, FL Zip 33401 Country USA		<b>3. Principal Office Address</b> c/o 9816 So. Military Trail Suite, Apt. #, etc. C-5 City & State Boynton Beach, FL Zip 33436 Country USA	
<b>4. Date Formed or Registered To Do Business in Florida</b> 4/25/96		<b>5. FEI Number</b> 65-0660845 Applied For <input type="checkbox"/> Not Applicable	
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		<b>7. State or Country of Formation</b> Florida	
<b>8a. Capital Contributions as Shown on Record</b> \$30,000.00		<b>FEES:</b> 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office. 2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent. Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee	
<b>8b. Amount of Capital Contributions in FLORIDA to date.</b> \$30,000.00			
<b>9. Name and Address of Current Registered Agent</b> Richard G. Cherry Cherry & Spencer, P.A. 1665 Palm Beach Lakes Suite 600 West Palm Beach, FL 33401		<b>10. If changed, new registered agent/office</b> Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City	
<b>10a.</b> Pursuant to the provisions of sections 620.1061 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of section 620.192, Florida Statutes.		-07/30/99--01042--001 ****798.75 FL ****798.75	
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____			
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.			
<b>11. Names of General Partner(s)</b> CBM Associates, Inc.	<b>Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b> 1665 Palm Beach Lakes Suite 600	<b>City, State and Zip Code</b> West Palm Beach, FL 33401	<b>11a. Registration Document Number</b> P96000036245
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.			
<b>12.</b> I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.			
<b>SIGNATURE</b> <i>John J. Hoecker, V.P.</i>		<b>DATE</b> 7/8/99	
Typed or Printed Name of General Partner Signing Form <b>John J. Hoecker, VP of CBM Associates, Inc., General Partner</b> Telephone Number _____			

CR2E039 (12/98)